

Benefits Planning Query (BPQY) Handbook

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BPQY Handbook for Beneficiaries & Counselors

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The Benefits Planning Query - BPQY (SSA-2459)

Background

The BPQY has improved the Social Security Administration's (SSA) efforts to inform Social Security Disability Insurance (SSDI) beneficiaries and Supplemental Security Income (SSI) recipients about their disability benefits and the use of the work incentives. The BPQY provides a snapshot of the beneficiary's benefits and work history as it is stored in SSA's electronic records.

SSA's Efforts To Share & Correct Information

Every year the Social Security Statement is sent to 132 million workers. It lists a person's work earnings and provides information for long range financial planning. It also ensures that reported earnings and other information such as name and date of birth are correct on SSA's records. Individuals are asked to identify any problems and contact SSA to adjust their records. The BPQY similarly communicates information on SSA records specifically for beneficiaries with disabilities and encourages planning for a return to work. The information is generally accurate but if earnings were not reported by the beneficiary or if work reports were not processed by SSA, the data must be updated and corrected. Similar to the Social Security Statements, every BPQY with a discrepancy should be fixed as soon as possible.

Quality Review Helps Improve Accuracy

Communication about a person with a disability's SSA work record begins with a BPQY. Accuracy depends on the databases from which the information is drawn. Every beneficiary, or a counselor or advocate acting on their behalf should review the BPQY data and report discrepancies to SSA. Discrepancies or errors in any item on the BPQY must be resolved as soon as possible to avoid misunderstandings and overpayments.

Sources of Data: Electronic Records

- SEQY (Summary Earnings Query) - stores the annual earnings as reported by employers and self-employed individuals to the IRS and to SSA.
- MBR (Master Beneficiary Record) - stores the date of entitlement, the monthly cash benefit amount, Medicare data and other pertinent SSDI financial data.
- DCF (Disability Control File) - stores the number of Trial Work Period Months used, Medical Re-exam dates and other decisions about work activity and medical recovery.
- SSID (Supplemental Security Income Display) - SSI program data, with a complete record of the cash benefits paid, scheduled medical review dates, and other work incentives used for both SSI cash benefits and Medicaid. The SSID record provides a **monthly** listing of estimated or verified earnings.

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If Errors or Discrepancies Are Discovered...

It is important to note that the BPQY is a snapshot in time and may not reflect earnings or other information that has changed since the last time the electronic record was updated. Any discrepancies should be brought to the attention of SSA as soon as possible. A later BPQY will confirm the correction was made.

Who Can Get A BPQY?

The BPQY ([SSA-2459](#)) and its cover letter are given to beneficiaries who request it. With a proper written authorization, a Consent for Release of Information ([SSA-3288](#)), a BPQY can be given to a representative, advocate or other organization (e.g., Benefits Planning, Assistance and Outreach organization). Currently, a BPQY can only be produced for an SSDI/SSI beneficiary **under the age of 60**.

Age 60 or Older - Ask for A "Benefits Planning Information Request"

If a BPQY is needed for someone age 60 or older a manual certification form is available on page 15 of this BPQY Handbook. Follow this procedure:

1. Print the form "[Benefits Planning Information Request](#)"-page 15
2. The beneficiary should sign a Consent for Release of Information form, the [SSA-3288](#) on pages 13 & 14.
3. Send both forms to the [local Social Security office](#) with a return address or fax number for the reply.

How to get the BPQY

Beginning in early 2004 all SSA offices nationwide including the agents at the toll free number 800-772-1213 can process a request for a BPQY .

If you are a beneficiary interested in getting a BPQY, call your Social Security office or 800-772-1213 and ask for it. It is mailed to your address as shown on SSA's records. A signed consent is required only if the BPQY is sent to someone *other than* you, the beneficiary; your Representative Payee or your Authorized Representative. A signed Consent for Release of Information ([SSA-3288](#)) form (see pages 13 & 14) must include the Social Security Number (SSN) or the Claim Number of the worker under whose work record the benefits are paid. (The Claim Number appears on the beneficiary's Medicare card.)

If you are a counselor or advocate, you must have the beneficiary sign a Consent for Release of Information ([SSA-3288](#)) form (see pages 13 & 14), see above.

If you don't know how to reach your SSA office, call 800-772-1213 or go to the Social Security website at www.socialsecurity.gov and click on the "[Find your nearest Social Security office](#)" item on the left side of the home page. Follow the instructions on this page and you will be provided with information about the field office that is responsible for your record.

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Reading the Benefits Planning Query

The BPQY name and SSN are always the person's own Social Security Number (SSN) even though benefits may be paid from a parent's record.

Three vertical columns describe:

1-The benefit information, 2-SSDI benefits and 3-SSI benefits

Cash: This block identifies the information in the "CASH" section.

Benefits Planning Query (BPQY) <small>Confidential Social Security Data</small>		
NAME:		SSN:
	<div style="border: 1px solid black; padding: 2px;">Social Security Disability Insurance (SSDI)</div>	<div style="border: 1px solid black; padding: 2px;">Supplemental Security Income (SSI)</div>
<u>CASH</u>		
Type of Benefit	Disabled Worker	Disabled Individual
Current Status	Current Pay	Current Pay
Statutory Blindness	No	No
Date of Entitlement	06/00	02/01
Full Amount	\$520.20	\$45.00
Net Amount	\$520.00	\$45.00
Others Paid On This Record	No	No
Total Family Cash Benefit	\$520.20	\$45.00
Overpayment Balance	\$0.00	None
Monthly Amount Withheld	\$0.00	

Type of Benefit: Shows the primary benefit that the beneficiary receives. NOTE: In SSDI cases, a beneficiary may receive benefits on more than one record (SSN), but only one record is the primary record.

- Possible SSDI entries are as follows:
Disabled Worker, Disabled Adult Child, Disabled Widow, Disabled Widower, Disallowed Claim, Disallowed Claim
- Possible SSI entries are as follows:
Disabled Individual, Disabled Spouse, Disabled Child, Blind Individual, Blind Spouse, Blind Child, Disabled Student, Blind Student

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Current Status: Shows whether the beneficiary is in “Current pay” status (getting a check) or in a deferred status (suspended or terminated entitlement).

Statutory Blindness: Shows whether SSA determined that the individual’s visual impairment meets the definition of Statutory Blindness, under the Social Security Act, for SSDI/SSI benefit purposes. This is important for higher earnings limits.

Date of Entitlement: Shows the most recent date of entitlement to SSDI benefits and the most recent date of eligibility for SSI. Earlier periods of entitlement and/or eligibility are not displayed.

Full Amount: Shows the full amount of the monthly cash benefit before any deductions or reductions for Medicare premiums, overpayment collections, etc.

NOTE: The only exception is a Garnishment (e.g., Child Support payments) payment. Garnishments are already deducted from this “Full Amount”.

Possible entries for both SSDI and SSI are:
\$\$\$\$.00, Suspended, Deferred or Terminated.

The SSI amount includes any federally administered state supplement, but does not include any state administered state supplement payment.

Net Amount: Shows the net amount of cash benefits paid by check or electronic funds transfer to the SSDI or SSI beneficiary’s financial institution. This is the actual cash amount after any Medicare premiums, overpayment recovery, etc. are subtracted from the “Full Amount”.

Others Paid On This Record: Shows if other people are entitled to benefits on this SSDI or SSI record. Other individuals’ cash or medical benefits are affected when the disabled worker’s work activity stops cash benefits. If a Disabled Adult Child/Widow(er) benefit is in "Type of Benefit", other beneficiaries on this record are not reduced by work activity of the Disabled Adult Child/Widow(er) but others’ benefits may increase.

Total Family Cash Benefit: Shows the full amount of cash benefits paid to the individual with a disability and other entitled family members on this SSDI account or SSI record.

Overpayment Balance: Shows the current balance of any outstanding overpayment (monies owed to SSA for incorrect cash payments).

Monthly Amount Withheld: Shows the amount of cash benefits that are due but that SSA is withholding to collect an overpayment.

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HEALTH INSURANCE: Shows the Medicare or Medicaid eligibility on SSA's records. Two columns for Medicare define **Hospital** (Part A) and **Medical** (Part B) data.

<u>HEALTH INSURANCE</u>	<u>Hospital</u>	<u>Medical</u>	<u>Medicaid Information</u>
Date of Coverage:	06/2002	06/2002	Eligible for Medicaid (SSI) (1634 States Only)
Premium Amounts:	\$0.00	\$54.00	
State Premium Buy-In:	State - Vermont Start: 06/2002 Stop: Not Ended		

CAUTION: Generally, SSA's Medicare entitlement records are accurate. However, for Medicaid, there are many other sources of eligibility that are unknown to SSA. If the SSI recipient resides in a state that allows Medicaid eligibility with SSI eligibility (i.e., [a 1634 state](#)) the BPQY will show the Medicaid eligibility information. For all other situations (i.e., [209b states](#) or [SSI Criteria states](#)), verify Medicaid eligibility through the local or state Medicaid Agency and not SSA.

Date of Coverage: Shows the type of Medicare and/or Medicaid health insurance entitlement and/or eligibility recorded on SSA's records. It includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance) under SSDI and any Medicaid eligibility under SSI.

Premium Amounts: Shows the amount of Medicare premiums that are due for Medicare coverage. There are no premiums for Medicaid eligibility under SSI. There are some Medicaid Programs that have premiums or deductibles, but that information must be obtained from the state agency administering Medicaid and not SSA.

State Premium Buy-In: Shows the state of residency, based on SSA records only if the state is paying the beneficiary's Medicare premiums under one of the Medicare Buy-In programs (e.g., QMB, State SSI, etc.).

MEDICAL REVIEWS: Shows information from any SSDI or SSI medical review diary.

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<u>MEDICAL REVIEWS</u>		
Next Scheduled Medical Review:	10/04	09/05/04
Medical Re-exam Cycle:	3+ years	3+ years

Next Scheduled Medical Review: Shows the next date SSA has scheduled a review of the individual's medical condition.

Medical Re-Exam Cycle: Shows the 3 types of medical review diaries SSA has set.

NOTE:

- There can be different entries for SSDI and SSI.
- The entries reflect if the medical diary is deferred due to the Ticket to Work.

REPRESENTATION: Shows if the beneficiary has a representative.

<u>REPRESENTATION</u>		
Representative Payee:	Yes	Yes
Authorized Representative:	No	No

Representative Payee: Shows whether the disabled individual receives cash benefits directly or has a Representative Payee. There are separate lines for SSDI and SSI because it is possible that a person has a Representative Payee for SSDI and not for SSI or the converse can be true.

Authorized Representative: Shows if the beneficiary has appointed an Authorized Representative.

SSDI WORK ACTIVITY: Shows the individual's work activity, based on SSA's SSDI computer systems records. The work data can be updated by Field Office staff. It helps identify inconsistencies between SSA's different systems.

<u>SSDI WORK ACTIVITY</u>	
Trial Work Months:	Start: 09/99 End: Not Ended Used: 4 Months
Month of Cessation:	N/A
Current SGA Level:	\$780.00

Trial Work Months: Shows the most recent determination of the number of Trial Work Period months the individual has used. **Until recently, this information was not updated frequently, so the TWP information can sometimes be**

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incorrect. Information that is incorrect, should be reported to a Social Security representative as soon as possible.

Month of Cessation: Shows the first month after the end of the Trial Work Period that, based on SSA computer records, the individual performed sustained substantial gainful activity (SGA) and entitlement to disability benefits ceased, based on the ability to work. The actual termination of cash benefits depends on the person's work activity after the Cessation month. It is possible to have a cessation in the past, but still be receiving benefits.

Current substantial gainful activity (SGA) Level: Shows the current SGA amount for SSDI beneficiaries. This figure increases each January. (SSI disability benefits are not ceased based on the ability to perform SGA.)

SSI WORK EXCLUSIONS: Shows any of the SSI Work Incentives that exclude earned income from the calculation of the SSI payment amount. If a work incentive-earned income exclusion does not apply or is not being used, the entry will be blank. NOTE: A Plan for Achieving Self Support (PASS) can also exclude unearned income.

<u>SSI WORK EXCLUSIONS</u>	
Blind Work Expenses:	
Impairment Related Work Expenses:	
Student Earned Income Exclusions:	
PASS Exclusion:	03/02 - 09/02 \$855.00 (Verified)

Possible SSI entries are as follows:

- Blind Work Expenses: MM/YR & \$\$\$\$00; or Blank
- Impairment Related Work Expenses: MM/YR & \$\$\$\$00; or Blank
- Student Earned Income Exclusions: MM/YR & \$\$\$\$00; or Blank
- PASS Exclusion: MM/YR & \$\$\$\$00; or Blank

RECENT EARNINGS ON RECORD: Shows the yearly work earnings that are recorded on SSA's computer records.

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RECENT EARNINGS ON RECORD							
YEAR	EARNINGS	YEAR	EARNINGS	MONTHS	EARNINGS	MONTHS	EARNINGS
1978	\$7,388.37	1979	\$11,806.71				
1980	\$12,255.00	1981	\$14,835.60				
1982	\$15,060.33	1983	\$11,894.82				
1984	\$15,869.05	1985	\$11,733.30				
1986	\$13,225.22	1987	\$12,261.39				
1988	\$12,874.63	1989	\$21,991.23				
1990	\$12,636.79	1991	\$0.00				
1992	\$0.00	1993	\$0.00				
1994	\$0.00	1995	\$0.00				
1996	\$0.00	1997	\$0.00				
1998	\$0.00	1999	\$1,044.62				
2000	\$85.75	2001	\$0.00				

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There can be two columns displayed:

- wages as an employee as reported on the W-2 Statements; and/or
- self-employment earnings from tax returns.

All lifetime earnings from work as reported from employers and the IRS and recorded by SSA are displayed. Work earnings for the most recent past year generally start appearing in April and are substantially complete by August. This is a particularly valuable tool to reference with the date the disability began, and the number of Trial Work Period months used. **If, for example, there are considerable wages posted to the record after the date the disability began (Date of Entitlement), then it is likely that SSA has not processed all of the wage information, and the Trial Work Period information may be incorrect.**

The right column displays monthly earnings for the most recent two years reported by the individual and posted on the SSI record, if one exists.

Cover Letter – SSA-L634

The BPQY has an SSA-L634 cover letter option. This standard language letter propagates the address from the MBR. If the SSN has SSI only eligibility the address is not propagated. Changes or SSI only addresses are entered by overtyping appropriate data on the BPQY Print Options screen.

Summary

A BPQY is designed to communicate the essential facts as recorded by SSA. Discrepancies or questions should be directed to your local SSA office. They can help resolve discrepancies and ensure understanding.

A plan for returning to work begins with understanding the effect of work on your benefits. A BPQY helps start the planning. Request one as often as you like. It will keep you and SSA in touch by using the same facts in making your return to work successful.

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Example

Benefits Planning Query (BPQY) <small>Confidential Social Security Data</small>		
NAME:		SSN:
	Social Security Disability Insurance (SSDI)	Supplemental Security Income (SSI)
RECORD:		
<u>CASH</u> Type: Statutory Blind: Date of Entitlement: Cash Benefits: Full Amount: Net Amount: Others Paid On This Record: Total Family Cash Benefit: Overpayment Balance: Monthly Amount Withheld:	Disabled Worker No 06/00 \$520.20 \$520.20 \$520.20 No \$520.20 None	Disabled Individual No 02/01 Yes \$45.00 \$45.00 No \$45.00 None
<u>HEALTH INSURANCE</u> Date of Coverage: Premium Amounts: State Premium Buy-In:	<div style="display: flex; justify-content: space-around;"> <u>Hospital</u> <u>Medical</u> </div> 06/2002 06/2002 \$0.00 \$54.00 State - Vermont Start: 06/2002 Stop: Not Ended	<u>Medicaid Information</u> Eligible for Medicaid (SSI) (1634 States Only)
<u>MEDICAL REVIEWS</u> Next Scheduled Medical Review: Medical Re-exam Cycle:	10/04 3+ years	09/05/04 3+ years

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Example

NAME:		SSN:	
RECORD:	<div style="border: 1px solid black; padding: 2px; margin: 0 auto; width: 80%;">Social Security Disability Insurance (SSDI)</div>	<div style="border: 1px solid black; padding: 2px; margin: 0 auto; width: 80%;">Supplemental Security Income (SSI)</div>	
	See Below	See Below	
<u>REPRESENTATION</u>	Yes	Yes	
Representative Payee:	No	No	
Authorized Representative:	No	No	

SSDI WORK ACTIVITY

Trial Work Months: **Start: 09/99 End: Not Ended Used: 4 Months**

Month of Cessation: **N/A**

Current SGA Level: **\$780.00**

SSI WORK EXCLUSIONS

Blind Work Expenses:

Impairment Related Work Expenses:

Student Earned Income Exclusions:

PASS Exclusion: **03/02 - 09/02 \$855.00 (Verified)**

RECENT EARNINGS ON RECORD

YEAR	EARNINGS	YEAR	EARNINGS	MONTHS	EARNINGS	MONTHS	EARNINGS
1978	\$7,388.37	1979	\$11,806.71				
1980	\$12,255.00	1981	\$14,835.60				
1982	\$15,060.33	1983	\$11,894.82				
1984	\$15,869.05	1985	\$11,733.30				
1986	\$13,225.22	1987	\$12,261.39				
1988	\$12,874.63	1989	\$21,991.23				
1990	\$12,636.79	1991	\$0.00				
1992	\$0.00	1993	\$0.00				
1994	\$0.00	1995	\$0.00				
1996	\$0.00	1997	\$0.00				
1998	\$0.00	1999	\$1,044.62				
2000	\$85.75	2001	\$ 0.00				

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Signed Consent Form for Release of BPQY to an Authorized Third Party

Form Approved
OMB No. 0960-0566

Social Security Administration Consent for Release of Information

TO: Social Security Administration

Name Date of Birth Social Security Number

I authorize the Social Security Administration to release information or records about me to:

NAME	ADDRESS
_____	_____
_____	_____
_____	_____

I want this information released because:

I am planning to go to work and need this information for benefits planning.

Please send me a Benefits Planning Query.

(There may be a charge for releasing information.)

Please release the following information:

- ____ Social Security Number
- ____ Identifying information (includes date and place of birth, parents' names)
- ☒ Monthly Social Security benefit amount
- ☒ Monthly Supplemental Security Income payment amount
- ____ Information about benefits/payments I received from _____ to _____
- ____ Information about my Medicare claim/coverage from _____ to _____
(specify) _____
- ____ Medical records
- ☒ Record(s) from my file (specify) My Cash benefits, Health Insurance, Medical Review Dates, Representation, SSDI & SSI work activity and earnings.
- ☒ Other (specify) All employment supports data on Social Security's records.

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: _____

(Show signatures, names, and addresses of two people if signed by mark.)

Date: _____ Relationship: _____

Form SSA-3288 (2-1991) EF (1-2001)

Signed Consent Form for Release of BPQY to an Authorized Third Party

Form Approved
OMB No. 0960-0566

Social Security Administration Consent for Release of Information

Please read these instructions carefully before completing this form.

When to Use This Form

Complete this form only if you want the Social Security Administration to give information or records about you to an individual or group (for example, a doctor, or an insurance company).

Natural or adoptive parents or a legal guardian, acting on behalf of a minor, who want us to release the minor's:

- **nonmedical** records, should use this form.
- medical records, should not use this form, but should contact us.

Note: Do not use this form to request information about your earnings or employment history. To do this, complete Form SSA-7050-F3. You can get this form at any Social Security office.

How to Complete This Form

This consent form must be completed and signed only by:

- the person to whom the information or record applies, or
- the parent or legal guardian of a minor to whom the **nonmedical** information applies, or
- the legal guardian of a legally incompetent adult to whom the information applies.

To complete this form:

- Fill in the name, date of birth, and Social Security Number of the person to whom the information applies.
- Fill in the name and address of the individual or group to which we will send the information.
- Fill in the reason you are requesting the information.
- Check the type(s) of information you want us to release.
- Sign and date the form. If you are not the person whose record we will release, please state your relationship to that person.

PAPERWORK REDUCTION ACT: This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 3 minutes to read the instructions, gather the necessary facts, and answer the questions.

Form SSA-3288 (2-1991) EF (1-2001)

Benefits Planning Information Request

To: Social Security Administration	Fax:
From:	Fax:
Re:	

<i>Name</i>	<i>SSN</i>
1) Does this individual receive Title II benefits? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<ul style="list-style-type: none"> • If YES, what is the date of entitlement? _____ • If YES, what is the amount? _____ • What type of benefits does s/he receive? <input type="checkbox"/> SSDI <input type="checkbox"/> DAC <input type="checkbox"/> DWB <input type="checkbox"/> other (specify): _____ 	
2) In what month did/will s/he become entitled to Medicare? _____	
3) If SSDI, are there other beneficiaries on the record? <input type="checkbox"/> YES <input type="checkbox"/> NO	
4) If this individual has used his/her TWP, when did the TWP end? _____	
<ul style="list-style-type: none"> • If s/he has not used his/her TWP, how many months remain? _____ • Has this individual's benefits ever been "ceased"? <input type="checkbox"/> YES <input type="checkbox"/> NO • If YES, what was the cessation month? _____ 	
5) Does this individual receive Title XVI benefits? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<ul style="list-style-type: none"> • If YES, what is the date of eligibility? _____ • If YES, what is the current Federal cash benefit amount? _____ • Is the individual in 1619b status? <input type="checkbox"/> YES <input type="checkbox"/> NO 	
For Both SSI and SSDI:	
6) Is the individual blind? <input type="checkbox"/> YES <input type="checkbox"/> NO	
7) When is the next scheduled medical CDR? (mm/yr) _____	
8) What is the medical re-exam cycle? <input type="checkbox"/> 1-3 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 7+ years	
9) Does the individual have an overpayment? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<ul style="list-style-type: none"> • If YES: • Is it an SSI or Title II overpayment? _____ • What is the current balance? _____ • What is the monthly amount being collected? _____ 	
10) Is the Medicare Part B premium paid by the state buy-in program? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Name and title of SSA Representative completing this inquiry and date completed.

List of State Medicaid Determinations

<u>State</u>	<u>Medicaid Determinations</u>	<u>State</u>	<u>Medicaid Determinations</u>
Alabama	1634*	South Dakota	1634
Alaska	SSI**	Tennessee	1634
Arizona	1634	Texas	1634
Arkansas	1634	Utah	SSI
California	1634	Vermont	1634
Colorado	1634	Virginia	209(b)
Connecticut	209(b)***	Washington	1634
Delaware	1634	West Virginia	1634
D.C.	1634	Wisconsin	1634
Florida	1634	Wyoming	1634
Georgia	1634		
Hawaii	209(b)		
Idaho	SSI		
Illinois	209(b)		
Indiana	209(b)		
Iowa	1634		
Kansas	SSI		
Kentucky	1634		
Louisiana	1634		
Maine	1634		
Maryland	1634		
Massachusetts	1634		
Michigan	1634		
Minnesota	209(b)		
Mississippi	1634		
Missouri	209(b)		
Montana	1634		
Nebraska	SSI		
Nevada	SSI		
New Hampshire	209(b)		
New Jersey	1634		
New Mexico	1634		
New York	1634		
North Carolina	1634		
North Dakota	209(b)		
N.M.I.	SSI		
Ohio	209(b)		
Oklahoma	209(b)		
Oregon	SSI		
Pennsylvania	1634		
Rhode Island	1634		
South Carolina	1634		

* **1634** means the state uses Federal SSI eligibility for automatic Medicaid

** **SSI** means the state may use its own criteria or it may ask SSA to make the Medicaid determinations

*** **209(b)** means the state uses at least one criterion that is more restrictive than the SSI program

Benefits Planning Made Easier With the BPQY End

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